Nuremberg Code and the COVID-19 Vaccines

Here are the ten points of the Nuremberg code which outline the parameters by which experimental research can be conducted on human subjects.

1. The voluntary consent of the human subject is absolutely essential. This means that the person involved should have legal capacity to give consent; should be situated as to be able to exercise free power of choice, without the intervention of any element of force, fraud, deceit, duress, over-reaching, or other ulterior form of constraint or coercion, and should have sufficient knowledge and comprehension of the elements of the subject matter involved as to enable him to make an understanding and enlightened decision. This latter element requires that before the acceptance of an affirmative decision by the experimental subject there should be made known to him the nature, duration, and purpose of the experiment; the method and means by which it is to be conducted; all inconveniences and hazards reasonably to be expected; and the effects upon his health or person which may possibly come from his participation in the experiment.

The duty and responsibility for ascertaining the quality of the consent rests upon each individual who initiates, directs or engages in the experiment. It is a personal duty and responsibility which may not be delegated to another with impunity.

2. The experiment should be such as to yield fruitful results for the good of society, unprocurable by other methods or means of study, and not random and unnecessary in nature.

3. The experiment should be so designed and based on the results of animal experimentation and a knowledge of the natural history

of the disease or other problem under study that the anticipated results will justify the performance of the experiment.

4. The experiment should be so conducted as to avoid all unnecessary physical and mental suffering and injury.

5. No experiment should be conducted where there is an a priori reason to believe that death or disabling injury will occur; except, perhaps, in those experiments where the experimental physicians also serve as subjects.

6. The degree of risk to be taken should never exceed that determined by the humanitarian importance of the problem to be solved by the experiment.

7. Proper preparations should be made and adequate facilities provided to protect the experimental subject against even remote possibilities of injury disability or death.

8. The experiment should be conducted only by scientifically qualified persons. The highest degree of skill and care should be required through all stages of the experiment of those who conduct or engage in the experiment.

9. During the course of the experiment the human subject should be at liberty to bring the experiment to an end if he has reached the physical or mental state where continuation of the experiment seems to him to be impossible.

10. During the course of the experiment the scientist in charge must be prepared to terminate the experiment at any stage, if he has probable cause to believe, in the exercise of the good faith, superior skill and careful judgement required by him that a continuation of the experiment is likely to result in injury, disability, or death to the experimental subject.

The Food and Drug Administration's emergency use authorization of the COVID-19 vaccines for public use and whether or not the mandates that followed constitute a violation of the Nuremberg code boils down to establishing what defines "experimental." According to section 564 of the Federal Food, Drug, and Cosmetic Act (FD&C Act), the Secretary of Health of Human Services (HHS) can declare that an emergency use authorization (EUA) for an unapproved product is appropriate, to which then would allow the FDA to authorize the unapproved medical products or vaccines for use in a public health emergency for the purpose of diagnosing, treating, or preventing serious or life-threatening diseases or conditions caused by various pathogens. However, according to the law, this is only permissible if there are no viable and adequate alternatives. In the case of the COVID-19 pandemic, many would argue that Hydroxychloroquine and Ivermectin were a viable options at that time, and were enough to manage the pandemic.

The crux of the issue regarding adherence to or violation of the Nuremberg Code is not about the FDA's emergency use authorization (EUA) for unapproved vaccines. The main issue regards whether or not the vaccines were experimental at the time of the EUA and whether or not the COVID-19 vaccine mandates subsequently applied by the US government involved an "experimental vaccine." It must be said that a recommendation by the Dept of Health and Human Services that emergency use authorization for a medical product or vaccine is warranted does not constitute regulatory approval when it comes to the safety and efficacy of the product. This is why it is easy to presume that both the HHS's recommendation for an EUA, as well as the FDA's subsequent emergency use authorization of the COVID-19 vaccines must have meant that the vaccines were indeed approved for safety. This is not the case. It is written in the FD&C Act that a regulatory body like the FDA can approve unapproved vaccines for public use. The FDA approved the

unapproved COVID-19 vaccines for emergency use authorization in December of 2020. They would not approve the Pfizer vaccine for safety and efficacy until August of 2021. Unsurprisingly, the very next month in September of 2021, the US President signed executive orders to mandate COVID-19 vaccination for a large portion of the US workforce.

So this leaves us to conclude that because the vaccines were never approved by a regulatory body for safety and efficacy until August of 2021, the Pfizer vaccine would have indeed fell under the classification of "experimental" between December of 2020 and August of 2021, during a time when vaccination was voluntary. Hence, this initial roll-out of the "experimental" vaccines would not have violated the Nuremberg code because of the voluntary aspect involved in anyone's decision to get vaccinated. Thereafter in September of 2021, however, such a tag of "experimental" would not have applied to the Pfizer vaccine's 2-dose protocol because it was indeed approved for safety and efficacy by a regulatory body, which is why the US government waited until September of 2021—after the FDA approved the Pfizer vaccine for safety—to began initiating vaccine mandates for US workers. The coercive element of vaccine mandates would not have been in violation of the Nuremberg code, at least in the case of the Pfizer vaccine, because, technically, the product in question would have been approved for safety by a regulatory body and could thus not be classified as "experimental." The Moderna vaccine did not receive FDA approval for safety and efficacy until January of 2022.

Still and all, the FDA's approval for safety and efficacy of the Moderna and Pfizer vaccine only applied to the primary series by which 2 doses of either the Pfizer or Moderna vaccine constituted being fully vaccinated. The booster shots, however, is another story. The booster shots, to be administered every six months, would be short-

ly thereafter approved by the FDA in late 2021, but only under the emergency use authorization, and not for safety and efficacy. The bivalent vaccine booster shots for Pfizer and Moderna were approved for EUA in 2022, even before clinical trials were set to begin. This would have made the booster shots "experimental" and any mandates for boosters thereafter a form of coercion in violation of Nuremberg. The booster shots were not approved by a regulatory body for safety and efficacy, and in this regard, the coercive aspects of vaccine mandates being applied to booster shots would have been a violation of the Nuremberg code that prohibits the use of coercion for an experimental treatment. See point 1 of the Nuremberg Code. The booster mandates between 2021 and 2023 could thus be considered a violation of the Nuremberg code.

Author's Note

The book "Vaccines and CMV Reactivation" by Anthony of Boston explains how the mRNA COVID-19 vaccines is causing a temporary immunosuppression, allowing the cytomegalovirus(CMV) to become reactivated, which leads to complications such as myocarditis and Guillain-Barré syndrome and a host of other ailments. Many who are vaccine injured have reported problems related to blood clots and neurological manifestations. Some of the other reported adverse effects from the vaccine include shingles, mouth sores, tingling in hands and feet, tinnitus, low blood pressure, dizziness, and mood changes. On account of that, it has been inferred that all of the aforementioned pathologies can be traced to elevated homocyteine levels as a result of CMV reactivation.

CMV is part of a family of herpesviruses that cause chickenpox and mononucleosis. After infection, CMV usually remains dormant in